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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (if applicable)			· ·	For Official Use Only	
Board of Supervisors					
Street Address			e e		
500 W. Temple St. #869 Los Angeles 900	12				
Area Code/Phone Number E-mail			Amendment (Must	explain in Part 5.1	
213-974-5555 fifthdistrict@lacbo	os.org		Amendment (Music	explain in r art 3.)	
Agency Contact (name and title)			Date of Original Filing	(month, day, year)	
LINER BALDERRAMA TICA	RET AD		2	(monar, day, year)	
2. Event For Which Tickets Were Distribut	100000		<u> </u>	*	
Date(s) of Event:5/ Desc		nt. Dodger Gar	me		
			~~ ~~	(20.34)	
/Face	Value of Tick	et: \$			
Agency Event ☐ Yes ☑ No (Identify s	source of ticke	ets below.)			
30.00 - 10.00	20 772				
Name of Outside Source of Ticket(s) Provided	to Agency: 🗀	(Dodgero			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (u	se a continuation	on sheet for addit	lional names)		
Name of Official (Last, First)	Number of Tickets		her the Distribution is In the Public Purpose	ncome to the Official or for the Distribution	
Herrera, Rosalie	2	retaining qua	alified employees		
			ž		
I. Individual or Organization Receiving Tic	ket(s) (Provid	I ded at the behest	of an agency official.)		
Name of Behesting Agency Official:					
Name of Individual or Organization:			Numb	per of Tickets:	
Description of Organization:		990468			
Address of Organization:					
Number and Street		City		Stale Zip Code	
Purpose for Distribution: (Describe the public pur	pose for the dis	stribution to the o	rganization.)		
: Varification					
VerificationI have determined that the distribution of tickets set f	forth above is in	accordance with	the provisions of FPP	C Regulation 18944.1.	
L Boldename Linda Balde			t Administrator	4-23-10	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for any add	ditional informatio	n including amendi	ment explanation.)		

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AGENCY REDC	DT

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es) tribution is Inco	me to the Official or	
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tribution is Inco		
2 retaining qualified employees		
ncy official.)		
Number	of Tickets:	
	State Zip Code	
.)		
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TICKETS PROVIDED BY AGENCY REPORT

1.	Agency Name				Date Stamp	California 000
	County of Los Angeles					Form 8UZ
	Division, Department, or Region (if applicable	e)			1	For Official Use Only
	Board of Supervisors Street Address					
				1		
	500 W. Temple St. #869 Los Angeles	900	12			
	Area Code/Phone Number E-mail				D Amandmank (14	
	213-974-5555 fifthdistrict@	glacbo	os.org		Amendment (Must	explain in Part 5.)
	Agency Contact (name and title)				Date of Original Filing:	:(month, day, year)
4	MOA BALDEKRAMA JO	SIL	+ AD			(montn, day, year)
2.	Event For Which Tickets Were Dist	ribut	ed			
	Date(s) of Event:5410	Desc	rintion of Eve	nt. Dodger Gar	me	
						Maria Ma
	<u>5 , 6 , 10</u>	Face	Value of Tick	et: \$		
	Agency Event ☐ Yes ☑ No (Ide	ntify s	ource of ticke	ets below.)		
	Name of Outside Source of Ticket(s) Prov	ided t	to Agency: LA	Nodgers		
	Number of Tickets Received:2		Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	☐ Pursuant to Contract
3. /	Agency Official(s) Receiving Ticket	(s) (u	se a continuation	on sheet for addit	tional names)	
	Name of Official (Last, First)		Number of Tickets		her the Distribution is In	
1.			OI TICKEIS	Descri	be the Public Purpose f	or the Distribution
<u>.</u>	Reale, Gino		4	retaining qua	lified employees	
4. I	ndividual or Organization Receivin	g Tic	ket(s) (Provid	led at the behest	of an agency official.)	
1	Name of Behesting Agency Official:					
					#*************************************	
1	Name of Individual or Organization:				Numb	er of Tickets:
	Description of Organization:					
Þ	Address of Organization: Number and Street					
	Number and Street			City	***	State Zip Code
F	Purpose for Distribution: (Describe the publ	ic pur	oose for the dis	tribution to the or	rganization.)	
-	and the second s					
5 \	/erification			-		
	heye determined that the distribution of tickets	s set fo	orth above is in	accordance with	the provisions of FPPC	C Regulation 18944.1.
	h Bolderan Linda E				Administrator	4-23-10
1	Signature of Agency Head or Designee	20.00	Print Name		Title	(month, day, year)
(Comment: (Use this space or an attachment for a	ny add	itional informatio	n including amendr	ment explanation.)	

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California OOO	
County of Los Angeles	, i	Form 8UZ			
Division, Department, or Region (if applicable)		For Official Use Only			
Board of Supervisors				ř	
Street Address	THE PARTY OF				
500 W. Temple St. #869 Los Angeles 9001	12				
Area Code/Phone Number E-mail				<u> </u>	
213-974-5555 fifthdistrict@lacbos.org			☐ Amendment (Must explain in Part 5.)		
Agency Contact (name and title)	73.01g		Date of Original Filing: _		
1	KETAD			(month, day, year)	
2. Event For Which Tickets Were Distribute		*	-		
Date(s) of Event:5		Dodger Gar	me		
F 0 10					
<u>5 / 2 / 10</u> Face	Value of Tick	et: \$	60.00		
Agency Event ☐ Yes ☑ No (Identify s	ource of ticke	ets below.)			
		The interest of the control of the c			
Name of Outside Source of Ticket(s) Provided t	o Agency: 🖳	Dougers			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency	y: 🗵 Gratuitously	☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	ional names)		
Name of Official (Last, First)	Number		her the Distribution is Income to the Official or		
(Last, Filst)	of Tickets	Descrit	be the Public Purpose for	the Distribution	
Wheatcroft, Steve	4	4 retaining qualified employees			
2 200000000000000000000000000000000000	The state of the s				
4. Individual or Organization Receiving Tic	ket(s) (Provid	led at the behest	of an agency official.)		
			\$ \$100m30 \$10m860₹ \$		
Name of Behesting Agency Official:					
Name of Individual or Organization:			No make a	f T' - l t -	
Name of Individual of Organization.			Number	r of Tickets:	
Description of Organization:					
,					
Address of Organization:	7-10 s 022				
Address of Organization: Number and Street		City		State Zip Code	
Purpose for Distribution: (Describe the public purp	ose for the dis	tribution to the or	rganization.)		
			To		
		t male and			
5. Verification					
I have determined that the distribution of tickets set fo	orth above is in	accordance with	the provisions of EPPC I	Regulation 18044 1	
7 . 11 1 .				-	
Linda Balder Linda Balder		Ticket	Administrator	4-23-10	
	Print Name	W W W	Title	(month, day, year)	
Comment: (Use this space or an attachment for any additional information including amendment explanation.)					

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California 802	
County of Los Angeles		Form OUZ			
Division, Department, or Region (if applicable)	3,300			For Official Use Only	
Board of Supervisors					
Street Address					
500 W. Temple St. #869 Los Angeles 900	12				
Area Code/Phone Number E-mail			☐ Amendment (Must e	volain in Part 5)	
213-974-5555 fifthdistrict@lacb	os.org			xpiain in Fart 5.)	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
LINDA Balderrama Tick	et ADMIN	VISTRATUR		(monan, day, year)	
2. Event For Which Tickets Were Distribut					
Date(s) of Event:5/8/10 Desc	cription of Eve	nt. Dodger Gar	me		
/Face	e Value of Tick	et: \$			
Agency Event ☐ Yes ☒ No (Identify					
Name of Outside Source of Ticket(s) Provided	to Agency: LA	A Dodgers			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (use a continuation	on sheet for addit	tional names)		
Name of Official	Number		her the Distribution is Inc		
(Last, First)	of Tickets	Descrit	be the Public Purpose fo	or the Distribution	
Huston, Gerry	2	retaining qua	ning qualified employees		
4. Individual or Organization Receiving Ti	cket(s) (Provid	ded at the behest	of an agency official.)		
Name of Behesting Agency Official:					
Name of Individual or Organization:			Numbe	er of Tickets:	
, tamo or manager or enganger			, (dillo	3. 3. 1.0.00.	
Description of Organization:					
Address of Organization:		City		State Zip Code	
	unaaa fau tha dia	300000	insting)	State Zip Code	
Purpose for Distribution: (Describe the public pu	rpose for the dis	stribution to the o	rganization.)		
	7				
5. Verification		-3.0m -3.1 <u>200</u> -4.5 0.0 -5.			
I have determined that the distribution of tickets set	forth above is in	accordance with	the provisions of FPPC	Regulation 18944.1	
4 1			to the second se	seed estimate minima	
Linda Balde	Print Name	licket	t Administrator	4-23-10	
Signature of Agency Head or Designee				(month, day, year)	
Comment: (Use this space or an attachment for any ad	инопантогтано	и інсійаінд ателаі	теп ехріапайоп.)		